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Procedure for Reconsideration of Summary Ratings

The Division of Workers' Compensation (DWC) has adopted a new procedure for obtaining reconsideration of summary ratings issued to unrepresented employees under subdivision (j) of Labor Code Section 4061 and Section 10164 of Title 8 of the California Code of Regulations.

The lack of clarity in these provisions has led to inconsistencies both in the procedure for requesting and obtaining decisions on reconsideration and the application of standards governing reconsideration.

To obtain more uniformity in this process, new procedures are being implemented.

All requests for reconsideration authorized under subdivision (j) of Labor Code Section 4061 are to be filed with the Administrative Director at the following address:

Administrative Director
Division of Workers' Compensation
455 Golden Gate Avenue, Fifth Floor
San Francisco, CA 94102
Attn.: Summary Rating Reconsideration

Each reconsideration request will be reviewed to determine whether the statutory requirements have been met and all necessary documents have been forwarded:

(a) The request must be made in writing within 30 days of receipt of the rating.

(b) There must be proof of service on the other party. Proof of service may be by any of the methods enumerated in Section 10514 of Title 8 of the California Code of Regulations.

(c) The request must clearly specify the reasons the rating should be reconsidered.

(d) A copy of the summary rating must be included.

(e) A copy of the rated QME report must be included.

Decisions on reconsideration requests will be made as formal decisions of the Administrative Director, in the same form and manner as decisions on petitions for change in treating physicians.

If the request is only that the rating should be reconsidered, where there is not objection to the medical evaluation, the matter will be referred to the Disability Evaluation Unit for review and recommendation. If there is objection to the medical evaluation (i.e., that issues were not addressed or not completely addressed, or that the evaluation was not prepared in accordance with required procedures), any necessary additional information will be obtained from the Qualified Medical Evaluator and, where appropriate, a recalculated permanent disability will be obtained from the Disability Evaluation Unit. When all necessary information has been obtained, a decision will be issued by the Administrative Director.

Finally,, it should be noted that if a party objects to a rating on the basis that another physician should have been consulted in order to provide a complete and accurate evaluation, this issue will be referred to the Medical Director for a determination pursuant to subdivision (g) of Labor Code Section 4061.

This procedure should provide more uniformity in both the process of obtaining reconsideration of a rating and the decision rendered in these cases.

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